

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036175

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

FILED OCT 7 1963

Primary Registration District No. 1002

Registrar's No.

5118

## 1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

KANSAS CITY

Length of stay in 1b

45 YEARS

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

BAPTIST MEM. HOSP.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

JACKSON

c. CITY

KANSAS CITY

d. STREET

4007 HARRISON STREET

(If outside, give location)

Inside Limits

Yes ☒ No ☐

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

First

DONALD

Middle

T.

Last

HADAWAY

## 4. DATE OF DEATH

Month

SEPT.

Day

17

Year

1963

## 5. SEX

MALE

## 6. COLOR OR RACE

WHITE

## 7. Married

Widowed ☐

## 8. DATE OF BIRTH

10/2/1887

## 9. AGE (last birthday)

75

## 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

H.D. LEE COMPANY PROPHETSTOWN, ILLINOIS

## 11. BIRTHPLACE (City and state or country)

U. S. A.

## 13a. FATHER'S NAME

FRANK

HADAWAY

## 13b. MOTHER'S MAIDEN NAME

MARY KATHERINE MARTIN

IRMA HADAWAY

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

[REDACTED]

## 17. INFORMANT

MRS. IRMA HADAWAY, K.C. MO.

## 18. CAUSE OF DEATH (Enter only one cause per line)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

Congestive heart failure

#### INTERVAL BETWEEN ONSET AND DEATH

2 months

#### DUE TO (b)

Arteriosclerotic heart disease

Unknown

#### DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

## 20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour Month, Day, Year  
a.m. p.m.

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from May 27, 1963 to Sept 16, 1963 and last saw her alive on Sept 16, 1963. Death occurred at 4:25 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

Albert J. Decker MD

## 22b. ADDRESS

Kansas City Mo

## 22c. DATE SIGNED

9/17/63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

## 23b. DATE

SEPT 19, 1963

## 23c. NAME OF CEMETERY OR CREMATORY

MT. MORIAH CEMETERY

## 23d. LOCATION (City, town, or county)

KANSAS CITY MISSOURI

## 24. FUNERAL DIRECTOR

D.W. NEWCOMERS SONS, K.C., MO.

## 25. DATE RECD. BY LOCAL REG.

9-19-63

## 26. REGISTRAR'S SIGNATURE

Reasie Smith

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF Albert J. Decker MEDICAL CERTIFICATION

DATE AMENDED

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Dr. Albert J. Hecken  
4706 Broadway  
2:30 - 5:00 P

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Harold P. Quirk

Licensed Embalmer No. 4998

P. O. Address R. T. C. No

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.